



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Dixon	James	Shigeo	521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Law Offices of Marvin S. C. Dang, A Limited Liability Law Company			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

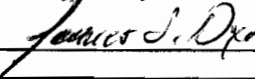
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Financial Services Association		521-8521
MAILING ADDRESS (Street)		FAX
P.O. Box 4109		521-8522
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812-4109
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Marvin S. C. Dang		521-8521
MAILING ADDRESS (Street)		FAX
P.O. Box 4109		521-8522
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812-4109

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/17/06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Alvin Tanaka, Vice President

NAME OF ORGANIZATION (if applicable)

Hawaii Financial Services Association

TELEPHONE

521-8521

MAILING ADDRESS (Street)

P.O. Box 4109

FAX

521-8522

(City)

Honolulu

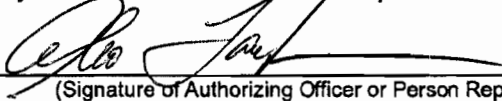
(State)

Hawaii

(Zip Code)

96812-4109

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/9/06
(Date)